

Title: Emergency Contraception	Policy Number: 2.1
Approved by: Joe Holliday MD, MPH	Program Area: Family Planning
Effective Date: 10/31/97	Revised Date: 1/13/14

**Purpose statement of policy:**

To provide emergency contraception to all women seeking services in Title X Family Planning Clinics in North Carolina who are on birth control methods with known user failure potential (i.e., combined oral contraceptives, the contraceptive patch, contraceptive vaginal ring, male and female condoms, Depo-Provera<sup>®</sup>, or no method). Emergency contraceptives are methods women can use within 120 hours after unprotected sexual intercourse to help prevent pregnancy and should not be used as a regular method of birth control. Emergency contraception will not be effective if the woman is already pregnant.

**Definition of Current FDA Approved Emergency Contraception Methods:**

Plan B<sup>®</sup>, a medication containing two tablets of levonorgestrel (750 mcg) was approved for use in 1999. In 2013, Plan B One Step<sup>®</sup>, (one tablet) was switched from prescription to over the counter for all individuals. Another hormonal form of emergency contraception approved by the FDA in 2010 is Ella<sup>®</sup>, a medication containing 30 mg ulipristal acetate. Ella<sup>®</sup> requires a prescription regardless of age. For Medicaid clients, a prescription is required for all regardless of age.

The use of ordinary combined oral contraceptive pills (COCs) containing ethinyl estradiol and either norgestrel or levonorgestrel (Yuzpe method) has been used as a method of emergency contraception (See Table 6-1 Contraceptive Technology, 20<sup>th</sup> Ed).

The insertion of a copper-releasing intrauterine device (ParaGard<sup>®</sup>) is an acceptable method of emergency contraception and reduces the risk of pregnancy by more than 99% if inserted within five days after unprotected intercourse.

**Responsibilities:**

It is the responsibility of the local health department and its designated personnel to assess, educate, prescribe, and insure that appropriate family planning clients have the provision of emergency contraception either on-site or by referral. It is also the local health department’s responsibility to insure that clients are counseled on the benefits, side effects, risks and how to use emergency contraceptive methods.

**Policy:**

The local health department will insure that a written policy is in place for the provision of emergency contraception to all appropriate family planning clients to insure that these women are receiving the described method either on-site or by referral at the time of their

exam. As with all prescriptive contraceptive methods, emergency contraception must be prescribed in accordance with acceptable medical protocol and in accordance with the 101% - 250% sliding fee scale

**Legal Authority:**

The current Family Planning Agreement Addendum reflects Title X regulations (January, 2001) Section 59.5(a)(1) concerning the requirements that family planning projects offer a broad range of acceptable and effective family planning methods. The Office of Population Affairs considers emergency contraception the same as any other method which has been established as safe and effective and be included in this requirement.

**Reference:**

Medical description regarding types of emergency contraception is based on information found in *Contraceptive Technology*, 20<sup>th</sup> ed. which is available at each clinical site.

Title X Guidelines can be accessed at:

[https://www.grantsolutions.gov/gs/servlet/document.DownloadPdfPublicServlet?document\\_id=7157](https://www.grantsolutions.gov/gs/servlet/document.DownloadPdfPublicServlet?document_id=7157)

**Example policies may be obtained from the Women’s Health Regional Nurse Consultants.**